

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	01609148	FILING DATE	10/14/00
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.	1	1	1	1	1	1
TOTAL DEP.	10	1	1	1	1	1
TOTAL CLAIMS	50	10	10	10	10	10

*	*	*	*
IND.	DEP.	IND.	DEP.
51	1		
52	1		
53	1		
54	1		
55	1		
56	1		
57	1		
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100			
TOTAL IND.	2	1	1
TOTAL DEP.	55	1	1
TOTAL CLAIMS	57	10	10

Best Available Copy